

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Hans 2016 LLC

ADDRESS (number and street)

725 Green Winged Trail

Check if different  
than previously  
reported. (ACC)

Wyoming

DE

19934-9531

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00574129

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

DE

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard A. Matthews

Signature of Treasurer

Richard A. Matthews

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Hans 2016 LLC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01		01		2016

To:

M M	/	D D	/	Y Y Y Y
03		31		2016

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	34949.57	86129.41
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	34949.57	86129.41
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	26361.90	49911.74
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	26361.90	49911.74
8. Cash on Hand at Close of Reporting Period (from Line 27).....	44669.85	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	8452.18	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Hans 2016 LLC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	6

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

21335.00

64240.00

(ii) Unitemized.....

7195.00

12560.49

(iii) TOTAL of contributions from individuals ▶

28530.00

76800.49

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

2500.00

4803.35

**(d) The Candidate.....**

3919.57

4525.57

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

34949.57

86129.41

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

8452.18

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

8452.18

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

34949.57

94581.59

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 97

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	26361.90	49911.74
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	26361.90	49911.74

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	36082.18
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	34949.57
25. SUBTOTAL (add Line 23 and Line 24).....	71031.75
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	26361.90
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	44669.85

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 97

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Hans 2016 LLC**A. Full Name (Last, First, Middle Initial)  
**Steven & Stephanie Artz & Steckel**

Mailing Address 446 Fletcher Drive

City	State	Zip Code
Smyrna	DE	19977-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthodontics on Silver LakeOccupation  
Orthodontist

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		04		2016

Transaction ID : SA11AI.4747

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CheckB. Full Name (Last, First, Middle Initial)  
**William Bronson**

Mailing Address 275 Bamberg Drive

City	State	Zip Code
Bluffton	SC	29910-7401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		06		2016

Transaction ID : SA11AI.4672

Amount of Each Receipt this Period

150.00

☐ Memo Item  
piryxC. Full Name (Last, First, Middle Initial)  
**Scott R. & Terri N. Brown**

Mailing Address 7 Dove Place

City	State	Zip Code
Wyoming	DE	19934-9539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wealth Management Group, LLCOccupation  
Managing partner

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		07		2016

Transaction ID : SA11AI.4698

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Check

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

900.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**Russell Carlisle**

Mailing Address 42 Rivers End Drive

City

Seaford

State

DE

Zip Code

19973-8007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FedEx Express

Occupation

Pilot

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		10		2016

Transaction ID : SA11AI.4739

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 piryx

Full Name (Last, First, Middle Initial)

**Gerret Copeland Jr.**Mailing Address 242 South Washington Boulevard  
PMB 361

City

Sarasota

State

FL

Zip Code

34236-6943

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Sun Realty

Occupation

Management

Receipt For: 2016

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		13		2016

Transaction ID : SA11AI.4691

Amount of Each Receipt this Period

2700.00

☐ Memo Item  
 piryx

Full Name (Last, First, Middle Initial)

**Gerret Copeland Jr.**Mailing Address 242 South Washington Boulevard  
PMB 361

City

Sarasota

State

FL

Zip Code

34236-6943

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Sun Realty

Occupation

Management

Receipt For: 2016

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		25		2016

Transaction ID : SA11AI.4766

Amount of Each Receipt this Period

2700.00

☐ Memo Item  
 piryx
**SUBTOTAL** of Receipts This Page (optional).....

5650.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Hans 2016 LLC**Full Name (Last, First, Middle Initial)  
**A. Anthony J. D'Agostino**

Mailing Address 96 Red Bird Lane

City	State	Zip Code
Harrington	DE	19952-5257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tony's PartsOccupation  
Owner

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		12		2016

Transaction ID : SA11AI.4805

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CashFull Name (Last, First, Middle Initial)  
**B. Anthony J. D'Agostino**

Mailing Address 96 Red Bird Lane

City	State	Zip Code
Harrington	DE	19952-5257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tony's PartsOccupation  
Owner

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		24		2016

Transaction ID : SA11AI.5083

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CheckFull Name (Last, First, Middle Initial)  
**C. Robert & Katherine Davis**

Mailing Address 34 Somerset Lane

City	State	Zip Code
Newark	DE	19711-1902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Delaware National GuardOccupation  
Instructor pilot

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		12		2016

Transaction ID : SA11AI.4806

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Check

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2700.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Hans 2016 LLC**

**A.** Full Name (Last, First, Middle Initial)  
**Anthony N. Delcollo**

Mailing Address 4019 Delaware Street

City State Zip Code  
Wilmington DE 19808-5711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cooch and TaylorOccupation  
Attorney

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		19		2016

Transaction ID : SA11AI.5038

Amount of Each Receipt this Period

300.00

☐ Memo Item  
Check

**B.** Full Name (Last, First, Middle Initial)  
**Patrick C. & Rebecca Donahue**

Mailing Address 302 Audrey Lane

City State Zip Code  
Smyrna DE 19977-2814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		19		2016

Transaction ID : SA11AI.5040

Amount of Each Receipt this Period

50.00

☐ Memo Item  
Check

**C.** Full Name (Last, First, Middle Initial)  
**William S. & Sally Duveneck**

Mailing Address 18682 Sunny Sky Boulevard

City State Zip Code  
Milton DE 19968-2486

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		29		2016

Transaction ID : SA11AI.4898

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Check
**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

450.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**John E. & Janet J. Foltz Jr.**

Mailing Address 1193 Dinahs Corner Road

City

Dover

State

DE

Zip Code

19904-9645

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Farmer

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		12		2016

Transaction ID : SA11AI.4814

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Check

Full Name (Last, First, Middle Initial)

**John E. & Janet J. Foltz Jr.**

Mailing Address 1193 Dinahs Corner Road

City

Dover

State

DE

Zip Code

19904-9645

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Farmer

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		19		2016

Transaction ID : SA11AI.5041

Amount of Each Receipt this Period

50.00

☐ Memo Item  
Check

Full Name (Last, First, Middle Initial)

**Alexander Funk**Mailing Address 17400 North Village Main Boulevard  
Unit 10

City

Lewes

State

DE

Zip Code

19958-7239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Lawyer

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		03		2016

Transaction ID : SA11AI.5112

Amount of Each Receipt this Period

250.00

☐ Memo Item  
piryx

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

400.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**F. Paul & Janice R. Gallagher**

Mailing Address 3 Partridge Court

City  
WyomingState  
DEZip Code  
19934-9526FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		12		2016

Transaction ID : SA11AI.4815

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Check

Full Name (Last, First, Middle Initial)

**F. Paul & Janice R. Gallagher**

Mailing Address 3 Partridge Court

City  
WyomingState  
DEZip Code  
19934-9526FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		19		2016

Transaction ID : SA11AI.5042

Amount of Each Receipt this Period

50.00

☐ Memo Item  
Check

Full Name (Last, First, Middle Initial)

**James Garrigan**

Mailing Address 13607 11th Avenue NW

City  
Gig HarborState  
WAZip Code  
98332-7603FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FedExOccupation  
Pilot

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		06		2016

Transaction ID : SA11AI.4673

Amount of Each Receipt this Period

250.00

☐ Memo Item  
piryx**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

400.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**James Garrigan**

Mailing Address 13607 11th Avenue NW

City

Gig Harbor

State

WA

Zip Code

98332-7603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FedEx

Occupation

Pilot

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		27		2016

Transaction ID : SA11AI.4724

Amount of Each Receipt this Period

500.00

☐ Memo Item  
piryx

Full Name (Last, First, Middle Initial)

**Paul & Carol Gillis**

Mailing Address 8 Deborah Drive

City

Dover

State

DE

Zip Code

19901-6403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		13		2016

Transaction ID : SA11AI.4715

Amount of Each Receipt this Period

400.00

☐ Memo Item  
Check

Full Name (Last, First, Middle Initial)

**Carl W. & Cherie S. Gouaux**

Mailing Address 12512 Hampton Crossing Drive

City

Chesterfield

State

VA

Zip Code

23832-2057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CWG &amp; Associates, LLC

Occupation

Consultant

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		04		2016

Transaction ID : SA11AI.4670

Amount of Each Receipt this Period

250.00

☐ Memo Item  
piryx**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1150.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Hans 2016 LLC**

**A.** Full Name (Last, First, Middle Initial)  
**Melissa Hartnett**

Mailing Address 1719 Landon Hill Road

City State Zip Code  
Vienna VA 22182-1853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HomemakerOccupation  
Homemaker

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	D D	Y Y Y Y
03	15	2016

Transaction ID : SA11AI.4777

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 piryx

**B.** Full Name (Last, First, Middle Initial)  
**Robert Hartnett**

Mailing Address 1719 Landon Hill Road

City State Zip Code  
Vienna VA 22182-1853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KPMG LLPOccupation  
Accountant

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	D D	Y Y Y Y
01	07	2016

Transaction ID : SA11AI.4679

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 piryx

**C.** Full Name (Last, First, Middle Initial)  
**Calvin H. & Karen L. Hill**

Mailing Address 206 Winding Carriage Lane

City State Zip Code  
Dover DE 19904-1276

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	D D	Y Y Y Y
03	19	2016

Transaction ID : SA11AI.5047

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 Check

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Hans 2016 LLC

Full Name (Last, First, Middle Initial)

A. Joseph &amp; Catherine B. Keyes

Mailing Address 9 Cool Springs Drive

City

Dover

State

DE

Zip Code

19901-6200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Psychologist

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		07		2016

Transaction ID : SA11AI.4696

Amount of Each Receipt this Period

200.00

☐ Memo Item  
☐ Check

Full Name (Last, First, Middle Initial)

B. Joseph &amp; Catherine B. Keyes

Mailing Address 9 Cool Springs Drive

City

Dover

State

DE

Zip Code

19901-6200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Psychologist

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

510.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		12		2016

Transaction ID : SA11AI.4831

Amount of Each Receipt this Period

60.00

☐ Memo Item  
☐ Check

Full Name (Last, First, Middle Initial)

C. Christofer Scott Kidner

Mailing Address 15 Kings Highway

City

Dover

State

DE

Zip Code

19901-3816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

C. S. Kidner Associates

Occupation

Owner/Lobbyist

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

575.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		19		2016

Transaction ID : SA11AI.5052

Amount of Each Receipt this Period

125.00

☐ Memo Item  
☐ Check

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

385.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Hans 2016 LLC**

A. Full Name (Last, First, Middle Initial)  
**Gregory F. Lavelle**

Mailing Address 500 Whitby Drive

City	State	Zip Code
Wilmington	DE	19803-2217

FEC ID number of contributing federal political committee.

C

Name of Employer  
 State of Delaware

Occupation  
 State senator

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 02 / 12 / 2016

Transaction ID : SA11AI.4832

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 Check

B. Full Name (Last, First, Middle Initial)  
**David G. Lawson**

Mailing Address 2257 Westville Road

City	State	Zip Code
Marydel	DE	19964-2046

FEC ID number of contributing federal political committee.

C

Name of Employer  
 State of Delaware

Occupation  
 Senator

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 03 / 15 / 2016

Transaction ID : SA11AI.4934

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 Check

C. Full Name (Last, First, Middle Initial)  
**Brett and Alison Malone**

Mailing Address 3141 Casa Bonita Drive, N.E.

City	State	Zip Code
Albuquerque	NM	87111-5607

FEC ID number of contributing federal political committee.

C

Name of Employer  
 FedEx

Occupation  
 Pilot

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 03 / 31 / 2016

Transaction ID : SA11AI.5086

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 piryx

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Hans 2016 LLC**Full Name (Last, First, Middle Initial)  
**A. Marble Contracting, LLC**

Mailing Address 507 Quail Run

City	State	Zip Code
Wyoming	DE	19934-9516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		12		2016

Transaction ID : SA11AI.4839

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CashFull Name (Last, First, Middle Initial)  
**B. Henry C. McCann**

Mailing Address 3442 Canterbury Road

City	State	Zip Code
Milford	DE	19963-5427

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		12		2016

Transaction ID : SA11AI.4841

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CheckFull Name (Last, First, Middle Initial)  
**C. Henry C. McCann**

Mailing Address 3442 Canterbury Road

City	State	Zip Code
Milford	DE	19963-5427

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		29		2016

Transaction ID : SA11AI.4899

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Check**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

850.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)  
**James & Nancy Melville**

Mailing Address 412 Bryn Zion Road

City	State	Zip Code
Clayton	DE	19938-2602

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

**02** / **12** / **2016**

Transaction ID : SA11AI.4844

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 Check

Full Name (Last, First, Middle Initial)  
**Beth Miller**

Mailing Address 12 Crawford Circle

City	State	Zip Code
Wilmington	DE	19805-2656

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
 Morris James

Occupation  
 Lawyer

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

**03** / **11** / **2016**

Transaction ID : SA11AI.4775

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 piryx

Full Name (Last, First, Middle Initial)  
**Harlan D. & Kelly D. Nelson**

Mailing Address 44 Swan Creek Lane

City	State	Zip Code
Milford	DE	19963-6400

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
 US Air Force Reserve Command

Occupation  
 Air Reserve technician/pilot

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

**02** / **12** / **2016**

Transaction ID : SA11AI.4847

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 Check

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

450.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 97

(check only one)

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**Frank A. & Mavis A. Newton**

Mailing Address 18 Huntly Circle

City State Zip Code  
Dover DE 19901-4406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 30 2016

Transaction ID : SA11AI.5097

Amount of Each Receipt this Period

300.00

☐ Memo Item  
Check

Full Name (Last, First, Middle Initial)

**James & Stephanie Przygocki**

Mailing Address 16C Bellevue Street

City State Zip Code  
Dewey Beach DE 19971-2302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Airlines

Occupation  
Pilot

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
02 03 2016

Transaction ID : SA11AI.4728

Amount of Each Receipt this Period

250.00

☐ Memo Item  
piryx

Full Name (Last, First, Middle Initial)

**Mark R. & Patricia Pugh**

Mailing Address 260 Front Street

City State Zip Code  
Leipsic DE 19901-1735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pugh's Service

Occupation  
Owner

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M / D D / Y Y Y Y  
02 12 2016

Transaction ID : SA11AI.4850

Amount of Each Receipt this Period

300.00

☐ Memo Item  
Check

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

850.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Hans 2016 LLC**

**A.** Full Name (Last, First, Middle Initial)  
**William H. & Erika Reigle**

Mailing Address 117 Broad Street

City State Zip Code  
 Wyoming DE 19934-1117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
 1320.00

Date of Receipt

M M / D D / Y Y Y Y  
 02 12 2016

Transaction ID : SA11AI.4851

Amount of Each Receipt this Period

200.00

☐ Memo Item  
 Check

**B.** Full Name (Last, First, Middle Initial)

**Donald Robson**

Mailing Address 313 Champs Elysee Boulevard

City State Zip Code  
 Lafayette LA 70503-6509

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Bristow

Occupation  
 Pilot

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 01 07 2016

Transaction ID : SA11AI.4677

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 piryx

**C.** Full Name (Last, First, Middle Initial)

**Frederick C. & Karen Smiga**

Mailing Address 132 Sweeping Mist Circle

City State Zip Code  
 Frederica DE 19946-2401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
 230.00

Date of Receipt

M M / D D / Y Y Y Y  
 03 19 2016

Transaction ID : SA11AI.5073

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 Check

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**William J. & Okemah Strickland****A.**

Mailing Address 30 Emerson Drive

City

Dover

State

DE

Zip Code

19901-5821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

L&amp;W Insurance Agency

Occupation

President

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		12		2016

**Transaction ID : SA11AI.4859**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Check

Full Name (Last, First, Middle Initial)

**Michael W. & Susan W. Teichman****B.**

Mailing Address 603 Ivydale Road

City

Wilmington

State

DE

Zip Code

19803-4331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Parkowski, Guerke &amp; Swayze

Occupation

Attorney

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		12		2016

**Transaction ID : SA11AI.4862**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Check

Full Name (Last, First, Middle Initial)

**John M. Welgan****C.**

Mailing Address 1082 Forrest Avenue

City

Dover

State

DE

Zip Code

19904-3307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

John M. Welgan Contracting

Occupation

Owner

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		07		2016

**Transaction ID : SA11AI.4697**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Cash**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

700.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Hans 2016 LLC**

**A.** Full Name (Last, First, Middle Initial)  
**John M. Welgan**

Mailing Address 1082 Forrest Avenue

City State Zip Code  
Dover DE 19904-3307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
John M. Welgan ContractingOccupation  
Owner

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		12		2016

Transaction ID : SA11AI.4867

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Cash

**B.** Full Name (Last, First, Middle Initial)  
**Kevin Yencer**

Mailing Address 1299 Marshyhope Road

City State Zip Code  
Felton DE 19943-4515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yencer BuildersOccupation  
Owner

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

850.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		15		2016

Transaction ID : SA11AI.4940

Amount of Each Receipt this Period

750.00

☐ Memo Item  
Check

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

21335.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 97

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Hans 2016 LLC****A.** Full Name (Last, First, Middle Initial)  
**Friends of O'Shaughnessy-Coleman**Mailing Address 133 Pawnee Court  
The Woods

City	State	Zip Code
Newark	DE	19702-1911

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	15	/	2016

**Transaction ID : SA11C.4930**

Amount of Each Receipt this Period

300.00

☐ Memo Item  
Check**B.** Full Name (Last, First, Middle Initial)  
**Kent County Chairman's Club**

Mailing Address 6 Teal Lane

City	State	Zip Code
Wyoming	DE	19934-9527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	31	/	2016

**Transaction ID : SA11C.5104**

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
Check**C.** Full Name (Last, First, Middle Initial)  
**Outtens Campaign**

Mailing Address 532 Hopkins Cemetery Road

City	State	Zip Code
Harrington	DE	19952-3239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	12	/	2016

**Transaction ID : SA11C.4849**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Check**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2400.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 22 OF 97

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

Yearick for Delaware

Mailing Address 703 East Pebworth Road

City

Magnolia

State

DE

Zip Code

19962-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		12		2016

Transaction ID : SA11C.4874

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 Check

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

100.00

2500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 97

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15  
12 13a 13b 14

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NAME OF COMMITTEE (In Full)  
**Hans 2016 LLC**

**A.** Full Name (Last, First, Middle Initial)  
**Hans Reigle**

Mailing Address 208 Grouse Trail

City State Zip Code  
Wyoming DE 19934-9542

FEC ID number of contributing federal political committee. **C** H6DE01071

Name of Employer Occupation  
Delaware State University Professor

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
9141.10

Date of Receipt

M M / D D / Y Y Y Y  
01 01 2016

Transaction ID : SA11D.4792

Amount of Each Receipt this Period

82.92

☐ Memo Item  
Facebook ads

**B.** Full Name (Last, First, Middle Initial)  
**Hans Reigle**

Mailing Address 208 Grouse Trail

City State Zip Code  
Wyoming DE 19934-9542

FEC ID number of contributing federal political committee. **C** H6DE01071

Name of Employer Occupation  
Delaware State University Professor

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
9199.90

Date of Receipt

M M / D D / Y Y Y Y  
01 13 2016

Transaction ID : SA11D.4922

Amount of Each Receipt this Period

58.80

☐ Memo Item  
USPS-Camden: 120 49-cent stamps

**C.** Full Name (Last, First, Middle Initial)  
**Hans Reigle**

Mailing Address 208 Grouse Trail

City State Zip Code  
Wyoming DE 19934-9542

FEC ID number of contributing federal political committee. **C** H6DE01071

Name of Employer Occupation  
Delaware State University Professor

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
9449.90

Date of Receipt

M M / D D / Y Y Y Y  
01 22 2016

Transaction ID : SA11D.4905

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Facebook ads

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

391.72

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Hans 2016 LLC**

**A.** Full Name (Last, First, Middle Initial)  
**Hans Reigle**

Mailing Address 208 Grouse Trail

City State Zip Code  
Wyoming DE 19934-9542

FEC ID number of contributing federal political committee. **C** H6DE01071

Name of Employer Occupation  
Delaware State University Professor

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
10449.90

Date of Receipt

M M / D D / Y Y Y Y
02 / 04 / 2016

Transaction ID : SA11D.4757

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
Check

**B.** Full Name (Last, First, Middle Initial)  
**Hans Reigle**

Mailing Address 208 Grouse Trail

City State Zip Code  
Wyoming DE 19934-9542

FEC ID number of contributing federal political committee. **C** H6DE01071

Name of Employer Occupation  
Delaware State University Professor

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
10697.93

Date of Receipt

M M / D D / Y Y Y Y
02 / 04 / 2016

Transaction ID : SA11D.4906

Amount of Each Receipt this Period

248.03

☐ Memo Item  
Facebook ads

**C.** Full Name (Last, First, Middle Initial)  
**Hans Reigle**

Mailing Address 208 Grouse Trail

City State Zip Code  
Wyoming DE 19934-9542

FEC ID number of contributing federal political committee. **C** H6DE01071

Name of Employer Occupation  
Delaware State University Professor

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
10878.89

Date of Receipt

M M / D D / Y Y Y Y
02 / 07 / 2016

Transaction ID : SA11D.4907

Amount of Each Receipt this Period

180.96

☐ Memo Item  
Vistaprint: 100 note cards, 3 mouse pads, 3 tote bags, 100 business cards
**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1428.99
---------



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15  
12 13a 13b 14

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NAME OF COMMITTEE (In Full)  
**Hans 2016 LLC**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Hans Reigle</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 11 / 2016	
Mailing Address 208 Grouse Trail		<b>Transaction ID : SA11D.4908</b>	
City Wyoming	State DE	Zip Code 19934-9542	Amount of Each Receipt this Period 60.68
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> H6DE01071		<input type="checkbox"/> Memo Item godaddy.com: Domain renewal	
Name of Employer Delaware State University	Occupation Professor		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10939.57		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Hans Reigle</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 19 / 2016	
Mailing Address 208 Grouse Trail		<b>Transaction ID : SA11D.4909</b>	
City Wyoming	State DE	Zip Code 19934-9542	Amount of Each Receipt this Period 200.98
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> H6DE01071		<input type="checkbox"/> Memo Item CustomInk: 11 Hanes Beefy-T - yellow	
Name of Employer Delaware State University	Occupation Professor		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 11140.55		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Hans Reigle</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 20 / 2016	
Mailing Address 208 Grouse Trail		<b>Transaction ID : SA11D.4910</b>	
City Wyoming	State DE	Zip Code 19934-9542	Amount of Each Receipt this Period -11.00
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> H6DE01071		<input type="checkbox"/> Memo Item CustomInk: 11 Hanes Beefy-T - yellow (discount)	
Name of Employer Delaware State University	Occupation Professor		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 11129.55		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		250.66	
<b>TOTAL</b> This Period (last page this line number only).....			

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Hans 2016 LLC**

**A.** Full Name (Last, First, Middle Initial)  
**Hans Reigle**

Mailing Address 208 Grouse Trail

City State Zip Code  
Wyoming DE 19934-9542

FEC ID number of contributing federal political committee. **C** H6DE01071

Name of Employer Occupation  
Delaware State University Professor

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
11178.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2016

Transaction ID : SA11D.4912

Amount of Each Receipt this Period

49.00

☐ Memo Item

USPS-Camden: 100 49-cent stamps

**B.** Full Name (Last, First, Middle Initial)  
**Hans Reigle**

Mailing Address 208 Grouse Trail

City State Zip Code  
Wyoming DE 19934-9542

FEC ID number of contributing federal political committee. **C** H6DE01071

Name of Employer Occupation  
Delaware State University Professor

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
11601.86

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2016

Transaction ID : SA11D.5101

Amount of Each Receipt this Period

423.31

☐ Memo Item

Facebook ads

**C.** Full Name (Last, First, Middle Initial)  
**Hans Reigle**

Mailing Address 208 Grouse Trail

City State Zip Code  
Wyoming DE 19934-9542

FEC ID number of contributing federal political committee. **C** H6DE01071

Name of Employer Occupation  
Delaware State University Professor

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
11959.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2016

Transaction ID : SA11D.4913

Amount of Each Receipt this Period

357.90

☐ Memo Item

CustomInk: 24 Hanes Beefy-T - yellow

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

830.21

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Hans 2016 LLC**

**A.** Full Name (Last, First, Middle Initial)  
**Hans Reigle**

Mailing Address 208 Grouse Trail

City State Zip Code  
Wyoming DE 19934-9542

FEC ID number of contributing federal political committee. **C** H6DE01071

Name of Employer Occupation  
Delaware State University Professor

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
12020.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2016

**Transaction ID : SA11D.4914**

Amount of Each Receipt this Period

61.22

☐ Memo Item

Vistaprint: Printing 500 invitation cards

**B.** Full Name (Last, First, Middle Initial)  
**Hans Reigle**

Mailing Address 208 Grouse Trail

City State Zip Code  
Wyoming DE 19934-9542

FEC ID number of contributing federal political committee. **C** H6DE01071

Name of Employer Occupation  
Delaware State University Professor

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
12008.48

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 07 / 2016

**Transaction ID : SA11D.5102**

Amount of Each Receipt this Period

-12.50

☐ Memo Item

CustomInk: 24 Hanes Beefy-T - yellow refund

**C.** Full Name (Last, First, Middle Initial)  
**Hans Reigle**

Mailing Address 208 Grouse Trail

City State Zip Code  
Wyoming DE 19934-9542

FEC ID number of contributing federal political committee. **C** H6DE01071

Name of Employer Occupation  
Delaware State University Professor

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
12589.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2016

**Transaction ID : SA11D.4950**

Amount of Each Receipt this Period

581.24

☐ Memo Item

Homewood Suites: Lodging for candidate meeting with Paul Rvan

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

629.96



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 29 OF 97

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Hans 2016 LLC**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Hans Reigle</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 15 / 2016	
Mailing Address 208 Grouse Trail		<b>Transaction ID : SA11D.4929</b>	
City Wyoming	State DE	Zip Code 19934-9542	Amount of Each Receipt this Period _____ 46.99
FEC ID number of contributing federal political committee. C H6DE01071		<input type="checkbox"/> Memo Item Vistaprint: 2 car-door magnets	
Name of Employer Delaware State University	Occupation Professor		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 12777.75		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Hans Reigle</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2016	
Mailing Address 208 Grouse Trail		<b>Transaction ID : SA11D.5094</b>	
City Wyoming	State DE	Zip Code 19934-9542	Amount of Each Receipt this Period _____ 200.00
FEC ID number of contributing federal political committee. C H6DE01071		<input type="checkbox"/> Memo Item Check	
Name of Employer Delaware State University	Occupation Professor		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 12977.75		

<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 246.99
<b>TOTAL</b> This Period (last page this line number only).....	_____ 3919.57

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**A. An Affair to Remember**

Mailing Address P.O. Box 226

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		09		2016

City	State	Zip Code
Magnolia	DE	19962-0226

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Painted Stave fundraiser caterer deposit

007

☐ Memo Item

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: DE District: 01

Transaction ID : SB17.4961

Full Name (Last, First, Middle Initial)

**B. An Affair to Remember**

Mailing Address P.O. Box 226

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		17		2016

City	State	Zip Code
Magnolia	DE	19962-0226

Amount of Each Disbursement this Period

650.00
--------

Purpose of Disbursement  
Painted Stave fundraiser caterer balance

007

☐ Memo Item

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: DE District: 01

Transaction ID : SB17.4984

Full Name (Last, First, Middle Initial)

**C. An Affair to Remember**

Mailing Address P.O. Box 226

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		17		2016

City	State	Zip Code
Magnolia	DE	19962-0226

Amount of Each Disbursement this Period

100.00
--------

Purpose of Disbursement  
Painted Stave fundraiser caterer cash tip

007

☐ Memo Item

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: DE District: 01

Transaction ID : SB17.4985

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 97

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**A. Clear Channel Outdoor**

Mailing Address 24 Germay Drive

Date of Disbursement

M M	D D	Y Y Y Y
03	23	2016

City	State	Zip Code
Wilmington	DE	19804-1105

Amount of Each Disbursement this Period

3412.50
---------

Purpose of Disbursement  
Deposit for 12 billboards 9/26/16 to 11/13/16 (7 weeks)

004

☐ Memo Item

Transaction ID : SB17.5084

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: DE District: 01

Full Name (Last, First, Middle Initial)

**B. CustomInk**

Mailing Address 2910 District Avenue

Date of Disbursement

M M	D D	Y Y Y Y
02	19	2016

City	State	Zip Code
Fairfax	VA	22031-2282

Amount of Each Disbursement this Period

200.98
--------

Purpose of Disbursement  
11 Hanes Beefy-T - yellow

004

☐ Memo Item

Transaction ID : SB17.4924

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: DE District: 01

Full Name (Last, First, Middle Initial)

**C. CustomInk**

Mailing Address 2910 District Avenue

Date of Disbursement

M M	D D	Y Y Y Y
02	20	2016

City	State	Zip Code
Fairfax	VA	22031-2282

Amount of Each Disbursement this Period

-11.00
--------

Purpose of Disbursement  
11 Hanes Beefy-T - yellow discount

004

☐ Memo Item

Transaction ID : SB17.4925

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: DE District: 01

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3602.48

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 97

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**A. CustomInk**

Mailing Address 2910 District Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		06		2016

City Fairfax	State VA	Zip Code 22031-2282
-----------------	-------------	------------------------

Amount of Each Disbursement this Period

Purpose of Disbursement  
24 Hanes Beefy-T - yellow

004

357.90
--------

☐ Memo Item

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Transaction ID : SB17.4926

Full Name (Last, First, Middle Initial)

**B. CustomInk**

Mailing Address 2910 District Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		07		2016

City Fairfax	State VA	Zip Code 22031-2282
-----------------	-------------	------------------------

Amount of Each Disbursement this Period

Purpose of Disbursement  
24 Hanes Beefy-T - yellow

004

-12.50
--------

☐ Memo Item

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Transaction ID : SB17.5103

Full Name (Last, First, Middle Initial)

**C. Delaware Foundation Reaching Citizens**

Mailing Address 640 Plaza Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2016

City Newark	State DE	Zip Code 19702-6369
----------------	-------------	------------------------

Amount of Each Disbursement this Period

Purpose of Disbursement  
Blue-Gold All-Star Football Game yearbook ad

004

150.00
--------

☐ Memo Item

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Transaction ID : SB17.4943

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

495.40



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**A. Delaware GOP**

Mailing Address 360 College Square

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		07		2016

City	State	Zip Code
Newark	DE	19711-8601

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Reince Priebus reception 1/7/16 at Wilmington Club

011

☐ Memo Item

Transaction ID : SB17.4695

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
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State: DE District: 01

Full Name (Last, First, Middle Initial)

**B. Facebook**

Mailing Address Department 415, P.O. Box 10005

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		01		2016

City	State	Zip Code
Palo Alto	CA	94303-0905

Amount of Each Disbursement this Period

82.92
-------

Purpose of Disbursement  
Facebook ads

004

☐ Memo Item

Transaction ID : SB17.4915

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: DE District: 01

Full Name (Last, First, Middle Initial)

**c. Facebook**

Mailing Address Department 415, P.O. Box 10005

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		22		2016

City	State	Zip Code
Palo Alto	CA	94303-0905

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
Facebook ads

004

☐ Memo Item

Transaction ID : SB17.4916

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
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State: DE District: 01

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1332.92

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**A. Facebook**

Mailing Address Department 415, P.O. Box 10005

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		04		2016

City Palo Alto	State CA	Zip Code 94303-0905
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Amount of Each Disbursement this Period

248.03
--------

Purpose of Disbursement  
Facebook ads

004

☐ Memo Item

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Transaction ID : SB17.4917

Full Name (Last, First, Middle Initial)

**B. Facebook**

Mailing Address Department 415, P.O. Box 10005

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2016

City Palo Alto	State CA	Zip Code 94303-0905
-------------------	-------------	------------------------

Amount of Each Disbursement this Period

423.31
--------

Purpose of Disbursement  
Facebook ads

004

☐ Memo Item

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Transaction ID : SB17.5099

Full Name (Last, First, Middle Initial)

**C. Gannet News Journal**

Mailing Address 950 West Basin Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		24		2016

City New Castle	State DE	Zip Code 19720-1008
--------------------	-------------	------------------------

Amount of Each Disbursement this Period

850.00
--------

Purpose of Disbursement  
Ads

004

☐ Memo Item

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Transaction ID : SB17.4993

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1521.34

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**A. Homewood Suites**

Mailing Address 1475 Massachusetts Avenue, N.W.

Date of Disbursement

M M	D D	Y Y Y Y
03	08	2016

City	State	Zip Code
1475 Massachusetts Avenue, N.W	DC	20005-2806

Amount of Each Disbursement this Period

581.24
--------

Purpose of Disbursement  
Lodging for candidate meeting with Paul Ryan

007

☐ Memo Item

Transaction ID : SB17.4944

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: DE District: 01

Full Name (Last, First, Middle Initial)

**B. Independent News Media**

Mailing Address 110 Galaxy Drive

Date of Disbursement

M M	D D	Y Y Y Y
02	04	2016

City	State	Zip Code
Dover	DE	19901-9262

Amount of Each Disbursement this Period

315.00
--------

Purpose of Disbursement  
Delaware State News: Black History Month ad

012

☐ Memo Item

Transaction ID : SB17.4955

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: DE District: 01

Full Name (Last, First, Middle Initial)

**c. Independent News Media**

Mailing Address 110 Galaxy Drive

Date of Disbursement

M M	D D	Y Y Y Y
02	22	2016

City	State	Zip Code
Dover	DE	19901-9262

Amount of Each Disbursement this Period

649.00
--------

Purpose of Disbursement  
Milford Chronicle, Sussex County Post: Black History Month ad

012

☐ Memo Item

Transaction ID : SB17.4989

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
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State: DE District: 01

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1545.24

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**A. Independent News Media**

Mailing Address 110 Galaxy Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		16		2016

City	State	Zip Code
Dover	DE	19901-9262

Purpose of Disbursement  
Advertising

012

Category/  
Type

Candidate Name

**Hans 2016 LLC**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Transaction ID : SB17.5121

Full Name (Last, First, Middle Initial)

**B. Kathleen M. Rutherford**

Mailing Address 6 Gregory Court

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		04		2016

City	State	Zip Code
Dover	DE	19904-2200

Purpose of Disbursement  
Campaign work-February and March 2016

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Transaction ID : SB17.5002

Full Name (Last, First, Middle Initial)

**C. Kent County Republican Committee**

Mailing Address 2151 South Dupont Highway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		04		2016

City	State	Zip Code
Dover	DE	19901-5561

Purpose of Disbursement  
2 tables for Lincoln Day Dinner

011

Category/  
Type

Candidate Name

**Hans 2016 LLC**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Amount of Each Disbursement this Period

1800.00

☐ Memo Item

Transaction ID : SB17.4759

**SUBTOTAL** of Disbursements This Page (optional).....

3950.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**A. Kent Signs**

Mailing Address 2 East Brady's Lane

Date of Disbursement

M M	D D	Y Y Y Y
02	29	2016

City Dover	State DE	Zip Code 19901-6310
---------------	-------------	------------------------

Amount of Each Disbursement this Period

Purpose of Disbursement  
10 double-sided 4' x 8' plywood signs

003

3250.00

☐ Memo Item

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Transaction ID : SB17.4997

Full Name (Last, First, Middle Initial)

**B. Painted Stave Distilling**

Mailing Address 106 West Commerce Street

Date of Disbursement

M M	D D	Y Y Y Y
02	12	2016

City Smyrna	State DE	Zip Code 19977-1119
----------------	-------------	------------------------

Amount of Each Disbursement this Period

Purpose of Disbursement  
4-hour room rental, 78 cocktails

007

552.00

☐ Memo Item

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Transaction ID : SB17.4976

Full Name (Last, First, Middle Initial)

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
1st Floor

Date of Disbursement

M M	D D	Y Y Y Y
01	04	2016

City San Francisco	State CA	Zip Code 94105-3718
-----------------------	-------------	------------------------

Amount of Each Disbursement this Period

Purpose of Disbursement  
Transaction fee for Carl W. & Cherie S. Gouaux

003

20.05

☐ Memo Item

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Transaction ID : SB17.4682

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3822.05

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
1st FloorCity State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction fee for Brian PettyjohnCandidate Name  
**Hans 2016 LLC**Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	D D	Y Y Y Y
01	05	2016

Amount of Each Disbursement this Period

15.71
-------

☐ Memo Item

Transaction ID : SB17.4683

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
1st FloorCity State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction fee for William BronsonCandidate Name  
**Hans 2016 LLC**Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	D D	Y Y Y Y
01	06	2016

Amount of Each Disbursement this Period

12.15
-------

☐ Memo Item

Transaction ID : SB17.4684

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
1st FloorCity State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction fee for James GarriganCandidate Name  
**Hans 2016 LLC**Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	D D	Y Y Y Y
01	06	2016

Amount of Each Disbursement this Period

20.05
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☐ Memo Item

Transaction ID : SB17.4685

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

47.91
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
1st FloorCity State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction fee for Cheryl Pauley

003

Candidate Name  
**Hans 2016 LLC**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2016

Amount of Each Disbursement this Period

8.20
------

☐ Memo Item

Transaction ID : SB17.4686

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
1st FloorCity State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction fee for Francis P. & Janice R. Gallagher

003

Candidate Name  
**Hans 2016 LLC**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2016

Amount of Each Disbursement this Period

8.20
------

☐ Memo Item

Transaction ID : SB17.4687

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
1st FloorCity State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction fee for Donald Robson

003

Candidate Name  
**Hans 2016 LLC**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		07		2016

Amount of Each Disbursement this Period

79.30
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☐ Memo Item

Transaction ID : SB17.4688

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

95.70

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
1st FloorCity State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction fee for Robert HartnettCandidate Name  
**Hans 2016 LLC**Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	D D	Y Y Y Y
01	07	2016

Amount of Each Disbursement this Period

79.30
-------

☐ Memo Item

Transaction ID : SB17.4689

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
1st FloorCity State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction fee for John SullivanCandidate Name  
**Hans 2016 LLC**Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	D D	Y Y Y Y
01	07	2016

Amount of Each Disbursement this Period

4.25
------

☐ Memo Item

Transaction ID : SB17.4690

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
1st FloorCity State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction fee for Gerret Coeland, Jr.Candidate Name  
**Hans 2016 LLC**Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	D D	Y Y Y Y
01	13	2016

Amount of Each Disbursement this Period

213.60
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☐ Memo Item

Transaction ID : SB17.4693

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

297.15
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
1st FloorCity State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction fee for James GarriganCandidate Name  
**Hans 2016 LLC**Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	D D	Y Y Y Y
01	27	2016

Amount of Each Disbursement this Period

39.80
-------

☐ Memo Item

Transaction ID : SB17.4725

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
1st FloorCity State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction fee for James & Stephanie PrzygockiCandidate Name  
**Hans 2016 LLC**Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	D D	Y Y Y Y
02	03	2016

Amount of Each Disbursement this Period

20.05
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☐ Memo Item

Transaction ID : SB17.4730

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
1st FloorCity State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction fee for LaShawne PryorCandidate Name  
**Hans 2016 LLC**Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	D D	Y Y Y Y
02	08	2016

Amount of Each Disbursement this Period

5.04
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☐ Memo Item

Transaction ID : SB17.4741

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

64.89
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
1st FloorCity State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction fee for David and Kelli Weidlein

003

Candidate Name  
**Hans 2016 LLC**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	D D	Y Y Y Y
02	09	2016

Amount of Each Disbursement this Period

2.28
------

☐ Memo Item

Transaction ID : SB17.4742

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
1st FloorCity State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction fee for Alexander Betts

003

Candidate Name  
**Hans 2016 LLC**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	D D	Y Y Y Y
02	09	2016

Amount of Each Disbursement this Period

4.25
------

☐ Memo Item

Transaction ID : SB17.4743

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
1st FloorCity State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction fee for Russell Carlisle

003

Candidate Name  
**Hans 2016 LLC**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	D D	Y Y Y Y
02	10	2016

Amount of Each Disbursement this Period

20.05
-------

☐ Memo Item

Transaction ID : SB17.4744

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

26.58

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
1st FloorCity State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction fee for John BenderCandidate Name  
**Hans 2016 LLC**Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	D D	Y Y Y Y
02	12	2016

Amount of Each Disbursement this Period

8.20
------

☐ Memo Item

Transaction ID : SB17.4762

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
1st FloorCity State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction fee for Cheryl PrecourtCandidate Name  
**Hans 2016 LLC**Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	D D	Y Y Y Y
02	16	2016

Amount of Each Disbursement this Period

4.25
------

☐ Memo Item

Transaction ID : SB17.4779

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
1st FloorCity State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction fee for Kurt SchmidCandidate Name  
**Hans 2016 LLC**Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	D D	Y Y Y Y
02	18	2016

Amount of Each Disbursement this Period

16.10
-------

☐ Memo Item

Transaction ID : SB17.4780

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

28.55
-------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
1st FloorCity State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction fee for Gerret Copeland, Jr.Candidate Name  
**Hans 2016 LLC**Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	D D	Y Y Y Y
02	25	2016

Amount of Each Disbursement this Period

213.60
--------

☐ Memo Item

Transaction ID : SB17.4781

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
1st FloorCity State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction fee for Marc AndersonCandidate Name  
**Hans 2016 LLC**Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	D D	Y Y Y Y
03	03	2016

Amount of Each Disbursement this Period

8.20
------

☐ Memo Item

Transaction ID : SB17.4782

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
1st FloorCity State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction fee for David SkocikCandidate Name  
**Hans 2016 LLC**Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	D D	Y Y Y Y
03	03	2016

Amount of Each Disbursement this Period

4.25
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☐ Memo Item

Transaction ID : SB17.4784

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

226.05
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
1st FloorCity State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction fee for Alexander FunkCandidate Name  
**Hans 2016 LLC**Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	D D	Y Y Y Y
03	03	2016

Amount of Each Disbursement this Period

20.05
-------

☐ Memo Item

Transaction ID : SB17.5108

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
1st FloorCity State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction fee for Carol CarlisleCandidate Name  
**Hans 2016 LLC**Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	D D	Y Y Y Y
03	07	2016

Amount of Each Disbursement this Period

4.25
------

☐ Memo Item

Transaction ID : SB17.4785

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
1st FloorCity State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction fee for Beth MillerCandidate Name  
**Hans 2016 LLC**Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	D D	Y Y Y Y
03	11	2016

Amount of Each Disbursement this Period

20.05
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☐ Memo Item

Transaction ID : SB17.4786

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

44.35
-------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
1st FloorCity State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction fee for Melissa HartnettCandidate Name  
**Hans 2016 LLC**Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		15		2016

Amount of Each Disbursement this Period

79.30
-------

☐ Memo Item

Transaction ID : SB17.4787

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
1st FloorCity State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction fee for William ReigleCandidate Name  
**Hans 2016 LLC**Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2016

Amount of Each Disbursement this Period

8.20
------

☐ Memo Item

Transaction ID : SB17.4790

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
1st FloorCity State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction fee for Brett and Allison MaloneCandidate Name  
**Hans 2016 LLC**Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2016

Amount of Each Disbursement this Period

79.30
-------

☐ Memo Item

Transaction ID : SB17.5087

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

166.80

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**A. Republican State Committee of Delaware**

Mailing Address 360 College Square

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		20		2016

City	State	Zip Code
Newark	DE	19711-8601

Amount of Each Disbursement this Period

3480.00
---------

Purpose of Disbursement  
U.S. House filing fee

001

☐ Memo Item

Transaction ID : SB17.4586

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Full Name (Last, First, Middle Initial)

**B. Sam's Club**

Mailing Address 1572 North Dupont Highway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		15		2016

City	State	Zip Code
Dover	DE	19901-2215

Amount of Each Disbursement this Period

153.58
--------

Purpose of Disbursement  
Lincoln Day Dinner: 7 boxes of 36 Hershey bars

007

☐ Memo Item

Transaction ID : SB17.4980

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Full Name (Last, First, Middle Initial)

**C. Sam's Club**

Mailing Address 1572 North Dupont Highway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		07		2016

City	State	Zip Code
Dover	DE	19901-2215

Amount of Each Disbursement this Period

76.16
-------

Purpose of Disbursement  
Smyrna St. Patrick's Day parade candy

007

☐ Memo Item

Transaction ID : SB17.5006

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3709.74

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**A. Sam's Club**

Mailing Address 1572 North Dupont Highway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		12		2016

City	State	Zip Code
Dover	DE	19901-2215

Amount of Each Disbursement this Period

46.26
-------

Purpose of Disbursement  
Smyrna St. Patrick's Day parade candy

007

☐ Memo Item

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Transaction ID : SB17.5023

Full Name (Last, First, Middle Initial)

**B. Signs by Tomorrow**

Mailing Address 2015 South Dupont Highway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		09		2016

City	State	Zip Code
Dover	DE	19901

Amount of Each Disbursement this Period

200.00
--------

Purpose of Disbursement  
INV-SG-4470 deposit: 3,000 round stickers with logo

007

☐ Memo Item

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Transaction ID : SB17.4963

Full Name (Last, First, Middle Initial)

**c. Signs by Tomorrow**

Mailing Address 2015 South Dupont Highway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		18		2016

City	State	Zip Code
Dover	DE	19901

Amount of Each Disbursement this Period

783.20
--------

Purpose of Disbursement  
INV-SG-4466 balance: 197.50; INV-SG-4470 balance: 585.70

007

☐ Memo Item

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Transaction ID : SB17.4986

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1029.46



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**A. Signs by Tomorrow**

Mailing Address 2015 South Dupont Highway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		23		2016

City	State	Zip Code
Dover	DE	19901

Amount of Each Disbursement this Period

463.00
--------

Purpose of Disbursement  
INV-SG-4512 deposit: 500 I Love Smyrna Day can koozies

007

☐ Memo Item

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Transaction ID : SB17.4992

Full Name (Last, First, Middle Initial)

**B. Signs by Tomorrow**

Mailing Address 2015 South Dupont Highway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2016

City	State	Zip Code
Dover	DE	19901

Amount of Each Disbursement this Period

-463.00
---------

Purpose of Disbursement  
INV-SG-4512 deposit: 500 I Love Smyrna Day can koozies refund

007

☐ Memo Item

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Transaction ID : SB17.4996

Full Name (Last, First, Middle Initial)

**C. Signs by Tomorrow**

Mailing Address 2015 South Dupont Highway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		29		2016

City	State	Zip Code
Dover	DE	19901

Amount of Each Disbursement this Period

289.70
--------

Purpose of Disbursement  
INV-SG-4509: 100 letterheads with labels; INV-SG-4520 deposit: 1,000  
donor cards with envelopes

006

☐ Memo Item

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Transaction ID : SB17.5001

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

289.70

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**A. Signs by Tomorrow**

Mailing Address 2015 South Dupont Highway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		16		2016

City Dover	State DE	Zip Code 19901
---------------	-------------	-------------------

Amount of Each Disbursement this Period

216.00
--------

Purpose of Disbursement  
INV-SG-4520 balance: 1,000 donor cards with envelopes

006

☐ Memo Item

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Transaction ID : SB17.5021

Full Name (Last, First, Middle Initial)

**B. Staples**

Mailing Address 1041 North Dupont Highway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		15		2016

City Dover	State DE	Zip Code 19901-2006
---------------	-------------	------------------------

Amount of Each Disbursement this Period

51.99
-------

Purpose of Disbursement  
Epson T220XL BLK/C printer cartridge

006

☐ Memo Item

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Transaction ID : SB17.4983

Full Name (Last, First, Middle Initial)

**c. Staples**

Mailing Address 1041 North Dupont Highway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		22		2016

City Dover	State DE	Zip Code 19901-2006
---------------	-------------	------------------------

Amount of Each Disbursement this Period

6.00
------

Purpose of Disbursement  
Painted Stave thank you letters and envelopes

007

☐ Memo Item

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Transaction ID : SB17.4990

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

273.99

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 1041 North Dupont Highway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		05		2016

City	State	Zip Code
Dover	DE	19901-2006

Amount of Each Disbursement this Period

45.98
-------

Purpose of Disbursement  
6x9 envelopes, weekly planner

006

☐ Memo Item

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Transaction ID : SB17.5005

Full Name (Last, First, Middle Initial)

**B. Staples**

Mailing Address 1041 North Dupont Highway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2016

City	State	Zip Code
Dover	DE	19901-2006

Amount of Each Disbursement this Period

25.48
-------

Purpose of Disbursement  
Storage for table display

006

☐ Memo Item

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Transaction ID : SB17.5025

Full Name (Last, First, Middle Initial)

**C. Staples**

Mailing Address 1041 North Dupont Highway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		22		2016

City	State	Zip Code
Dover	DE	19901-2006

Amount of Each Disbursement this Period

2.96
------

Purpose of Disbursement  
18 BW SS P@SS Ltr/Lgl-632551, 2 CLR SS P@SS Ltr/Lgl-632553

006

☐ Memo Item

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Transaction ID : SB17.5117

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

74.42

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 1041 North Dupont Highway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		22		2016

City	State	Zip Code
Dover	DE	19901-2006

Amount of Each Disbursement this Period

-2.96
-------

Purpose of Disbursement  
18 BW SS P@SS Ltr/Lgl-632551, 2 CLR SS P@SS Ltr/Lgl-632553 returned

006

☐ Memo Item

Transaction ID : SB17.5118

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: DE District: 01

Full Name (Last, First, Middle Initial)

**B. The Congressional Club**

Mailing Address 2001 New Hampshire Avenue, NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		16		2016

City	State	Zip Code
Washington	DC	20009-3414

Amount of Each Disbursement this Period

575.00
--------

Purpose of Disbursement  
10 Congressional Club Cookbooks (14th edition)

006

☐ Memo Item

Transaction ID : SB17.4981

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: DE District: 01

Full Name (Last, First, Middle Initial)

**C. United States Postal Service**

Mailing Address 2 Old North Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		13		2016

City	State	Zip Code
Camden	DE	19934-1276

Amount of Each Disbursement this Period

58.80
-------

Purpose of Disbursement  
USPS-Camden: 120 49-cent stamps

003

☐ Memo Item

Transaction ID : SB17.4721

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: DE District: 01

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

630.84

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 97

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**A. United States Postal Service**

Mailing Address 2 Old North Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		24		2016

City	State	Zip Code
Camden	DE	19934-1276

Amount of Each Disbursement this Period

49.00
-------

Purpose of Disbursement  
USPS-Camden: 100 49-cent stamps

003

☐ Memo Item

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Transaction ID : SB17.4911

Full Name (Last, First, Middle Initial)

**B. United States Postal Service**

Mailing Address 55 Lookerman Plaza

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2016

City	State	Zip Code
Dover	DE	19901-7320

Amount of Each Disbursement this Period

52.50
-------

Purpose of Disbursement  
150 35-cent stamps for Rooney fundraiser postcards

003

☐ Memo Item

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Transaction ID : SB17.5031

Full Name (Last, First, Middle Initial)

**C. United States Postal Service**

Mailing Address 55 Lookerman Plaza

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		23		2016

City	State	Zip Code
Dover	DE	19901-7320

Amount of Each Disbursement this Period

4.90
------

Purpose of Disbursement  
10 49-cent stamps for donor letters

003

☐ Memo Item

Candidate Name

**Hans 2016 LLC**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Transaction ID : SB17.5119

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

106.40

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**A. United States Postal Service**

Mailing Address 55 Lookerman Plaza

City	State	Zip Code
Dover	DE	19901-7320

Purpose of Disbursement  
18 35-cent stamps for Catherine Rooney fundraiser postcards

003

Category/  
Type

Candidate Name

**Hans 2016 LLC**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2016

Amount of Each Disbursement this Period

6.30
------

☐ Memo Item

Transaction ID : SB17.5120

**B. Vistaprint**

Mailing Address 95 Hayden Avenue

City	State	Zip Code
Lexington	MA	02421-7942

Purpose of Disbursement  
100 note pads, 3 mouse pads, 3 tote bags, 100 business cards

006

Category/  
Type

Candidate Name

**Hans 2016 LLC**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		04		2016

Amount of Each Disbursement this Period

180.96
--------

☐ Memo Item

Transaction ID : SB17.4918

**c. Vistaprint**

Mailing Address 95 Hayden Avenue

City	State	Zip Code
Lexington	MA	02421-7942

Purpose of Disbursement  
Printing 500 April 14 Rooney invitation cards

007

Category/  
Type

Candidate Name

**Hans 2016 LLC**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		06		2016

Amount of Each Disbursement this Period

61.22
-------

☐ Memo Item

Transaction ID : SB17.4927

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

248.48

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 97

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hans 2016 LLC**

Full Name (Last, First, Middle Initial)

**A. Vistaprint**

Mailing Address 95 Hayden Avenue

City	State	Zip Code
Lexington	MA	02421-7942

Purpose of Disbursement  
2 car-door magnets

006

Category/  
Type

Candidate Name

**Hans 2016 LLC**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		15		2016

Amount of Each Disbursement this Period

46.99

☐ Memo Item

Transaction ID : SB17.4928

**B. Windswept Enterprises**

Mailing Address 251 North Dupont Highway

City	State	Zip Code
Dover	DE	19901-7509

Purpose of Disbursement  
Print 350 Painted Stave invitation postcards (219 mail merged)

007

Category/  
Type

Candidate Name

**Hans 2016 LLC**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		09		2016

Amount of Each Disbursement this Period

287.63

☐ Memo Item

Transaction ID : SB17.4717

**C. Windswept Enterprises**

Mailing Address 251 North Dupont Highway

City	State	Zip Code
Dover	DE	19901-7509

Purpose of Disbursement  
Print 400 Painted Stave invitation postcards (219 mail merged)

007

Category/  
Type

Candidate Name

**Hans 2016 LLC**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: DE District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		13		2016

Amount of Each Disbursement this Period

210.00

☐ Memo Item

Transaction ID : SB17.4719

**SUBTOTAL** of Disbursements This Page (optional).....

544.62

**TOTAL** This Period (last page this line number only).....

25425.06

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 56 OF 97

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4152

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
02 / 10 / 2015

Date Due

M M / D D / Y Y Y Y  
/ 11/8/16

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

200.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 57 OF 97

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4153

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

74.89

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

74.89

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
02 / 10 / 2015

Date Due

M M / D D / Y Y Y Y  
/ 11/8/16

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

74.89

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 58 OF 97

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4154

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

415.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

415.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
02 / 10 / 2015

Date Due

M M / D D / Y Y Y Y  
11/8/16

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

415.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 59 OF 97

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4155

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

1500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
02 / 20 / 2015

Date Due

M M / D D / Y Y Y Y  
11/8/16

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 60 OF 97

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4156

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

79.99

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

79.99

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
03 / 06 / 2015

Date Due

M M / D D / Y Y Y Y  
11/8/16

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

79.99

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 61 OF 97

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4157

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

58.13

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

58.13

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
03 / 06 / 2015

Date Due

M M / D D / Y Y Y Y  
11/8/16

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

58.13

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 62 OF 97

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4158

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

22.39

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

22.39

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
03 / 08 / 2015

Date Due

M M / D D / Y Y Y Y  
11/8/16

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

22.39

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 63 OF 97

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4159

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

478.94

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

478.94

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
03 / 08 / 2015

Date Due

M M / D D / Y Y Y Y  
/ 11/8/16

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

478.94

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 64 OF 97

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Hans 2016 LLC

Transaction ID : SC/10.4160

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City	State	ZIP Code
Wyoming	DE	19934-9542

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="431.20"/>	<input type="text" value="0.00"/>	<input type="text" value="431.20"/>

**TERMS**

Date Incurred

 /  / 

Date Due

 /  / 

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**SUBTOTALS** This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4161

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

275.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

275.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
03 / 12 / 2015

Date Due

M M / D D / Y Y Y Y  
11/8/16

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

275.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4295

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

36.99

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

36.99

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
04 / 04 / 2015

Date Due

M M / D D / Y Y Y Y  
11/8/16

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

36.99

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4296

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

25.30

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25.30

**TERMS**

Date Incurred

M / D / Y  
04 / 10 / 2015

Date Due

M / D / Y  
 / / 11/8/16

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

25.30

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4297

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

152.49

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

152.49

**TERMS**

Date Incurred

M / D / Y  
04 / 23 / 2015

Date Due

M / D / Y  
 / / 11/8/16

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

152.49

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 69 OF 97

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4298

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

50.06

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50.06

**TERMS**

Date Incurred

M / D / Y  
04 / 23 / 2015

Date Due

M / D / Y  
 / / 11/8/16

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50.06

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4300

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100.00

0.00

100.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
04 / 26 / 2015M M / D D / Y Y Y Y  
11/8/16Y Y Y Y / Y Y Y Y  
11/8/16

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 71 OF 97

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4301

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial)

Hans Reigle

☐ Memo Item

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

150.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
04 / 26 / 2015

Date Due

M M / D D / Y Y Y Y  
11/8/2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

150.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 72 OF 97

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Hans 2016 LLC

Transaction ID : SC/10.4302

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City	State	ZIP Code
Wyoming	DE	19934-9542

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="258.00"/>	<input type="text" value="0.00"/>	<input type="text" value="258.00"/>

**TERMS**

Date Incurred

 /  / 

Date Due

 /  / 

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**SUBTOTALS** This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 73 OF 97

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Hans 2016 LLC

Transaction ID : SC/10.4305

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item  
Hans ReigleMailing Address  
208 Grouse Trail

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼City State ZIP Code  
Wyoming DE 19934-9542

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5.67	0.00	5.67

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 01 / Y 2015 Y Y	M M / D D / Y 11/8/16 Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**SUBTOTALS** This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

5.67

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4303

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

490.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

490.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
05 / 07 / 2015

Date Due

M M / D D / Y Y Y Y  
11/8/16

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

490.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4308

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

938.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

938.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
05 / 10 / 2015

Date Due

M M / D D / Y Y Y Y  
11/8/2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

938.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4309

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

431.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

431.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
05 / 14 / 2015

Date Due

M M / D D / Y Y Y Y  
/ 11/8/16

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

431.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4310

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

132.97

0.00

132.97

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
05

22

2015

M M / D D / Y Y Y Y

11/8/16

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

132.97

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 78 OF 97

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4312

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
05 / 29 / 2015

Date Due

M M / D D / Y Y Y Y  
/ 11/8/16

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

200.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4313

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

15.00

0.00

15.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
06 / 01 / 2015M M / D D / Y Y Y Y  
/ 11/8/16M M / D D / Y Y Y Y  
/ 11/8/16M M / D D / Y Y Y Y  
/ 11/8/16M M / D D / Y Y Y Y  
/ 11/8/16

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

15.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4314

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

71.39

0.00

71.39

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
06 / 03 / 2015M M / D D / Y Y Y Y  
/ 11/8/16Y Y Y Y / Y Y Y Y  
11/8/16

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

71.39

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4563

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

40.00

0.00

40.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
07 / 01 / 2015M M / D D / Y Y Y Y  
11/8/16M M / D D / Y Y Y Y  
11/8/16

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

40.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4551

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

47.95

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

47.95

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 01 / 2015

Date Due

M M / D D / Y Y Y Y  
11/8/16

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

47.95

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4552

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

60.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

60.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 01 / 2015

Date Due

M M / D D / Y Y Y Y  
/ 11/8/16

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

60.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 84 OF 97

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4554

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

168.65

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

168.65

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 12 / 2015

Date Due

M M / D D / Y Y Y Y  
/ 11/8/16

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

168.65

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 85 OF 97

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Hans 2016 LLC

Transaction ID : SC/10.4553

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse TrailCity State ZIP Code  
Wyoming DE 19934-9542

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
77.22	0.00	77.22

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 19 / Y 2015	M / D / Y 11/8/16	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**SUBTOTALS** This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

77.22

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4537

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

35.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

35.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 25 / 2015

Date Due

M M / D D / Y Y Y Y  
/ 11/8/16

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

35.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 87 OF 97

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4538

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

35.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

35.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 27 / 2015

Date Due

M M / D D / Y Y Y Y  
/ 11/8/16

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

35.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4555

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

84.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

84.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 27 / 2015

Date Due

M M / D D / Y Y Y Y  
/ 11/8/16

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

84.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Hans 2016 LLC

Transaction ID : SC/10.4542

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City	State	ZIP Code
Wyoming	DE	19934-9542

Original Amount of Loan

250.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 31 / 2015

Date Due

M M / D D / Y Y Y Y  
/ 11/8/16

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

250.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4550

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

137.19

0.00

137.19

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
09 / 01 / 2015M M / D D / Y Y Y Y  
11/8/16Y Y Y Y / Y Y Y Y  
11/8/16

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

137.19

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Hans 2016 LLC

Transaction ID : SC/10.4564

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City	State	ZIP Code
Wyoming	DE	19934-9542

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="50.22"/>	<input type="text" value="0.00"/>	<input type="text" value="50.22"/>

**TERMS**

Date Incurred

 /  / 

Date Due

 /  / 

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**SUBTOTALS** This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

<input type="text" value="50.22"/>
<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Hans 2016 LLC

Transaction ID : SC/10.4565

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City	State	ZIP Code
Wyoming	DE	19934-9542

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="401.30"/>	<input type="text" value="0.00"/>	<input type="text" value="401.30"/>

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>	<input type="text" value="11"/> / <input type="text" value="8"/> / <input type="text" value="16"/>	<input type="text" value="0.00"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>

**SUBTOTALS** This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

<input type="text" value="401.30"/>
<input type="text" value=""/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4573

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

22.91

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

22.91

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
10 / 01 / 2015

Date Due

M M / D D / Y Y Y Y  
11/8/16

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

22.91

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4591

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

70.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

70.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
10 / 01 / 2015

Date Due

M M / D D / Y Y Y Y  
11 / 8 / 16

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

70.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4593

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

163.19

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

163.19

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
11 / 01 / 2015

Date Due

M M / D D / Y Y Y Y  
11/8/16

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

163.19

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4619

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

47.47

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

47.47

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
11 / 30 / 2015

Date Due

M M / D D / Y Y Y Y  
11/8/16

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

47.47

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4708

Hans 2016 LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Hans Reigle

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
208 Grouse Trail

City

State

ZIP Code

Wyoming

DE

19934-9542

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

169.67

0.00

169.67

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
12 / 01 / 2015M M / D D / Y Y Y Y  
11 / 8 / 16Y Y Y Y / Y Y Y Y  
11 / 8 / 16

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

169.67

**TOTALS** This Period (last page in this line only)..... ►

8452.18

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.